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Committee on the Rights of the Child
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Summary record of the 1891st meeting
Held at the Palais Wilson, Geneva, on Thursday, 5 June 2014, at 3 p.m.

Chairperson: Ms. Sandberg

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The meeting was called to order at 3.05 p.m.

Consideration of reports of States parties (*continued*)

Combined third and fourth periodic reports of Indonesia (continued)
(CRC/C/IND/3-4; CRC/C/IND/Q/3-4 and Add.1)

1. *At the invitation of the Chairperson, the delegation of Indonesia took places at the Committee table.*

2. **Mr. Arif** (Indonesia) said that, pursuant to a new law passed in 2013, birth certificates were issued to all children free of charge without any discrimination, and local officials who demanded fees for birth certificates would be liable to a fine of 75 million rupiah. If the paternity of children born out of wedlock could be scientifically proven, then both parents' names could be included on the birth certificate.

3. **Mr. Cardona Llorens** (Country Task Force) asked whether penalty fees were charged in cases where children were not registered within the first few months after birth.

4. **Mr. Arif** (Indonesia) said that no penalties were imposed in such cases and that all local by-laws must be in conformity with the new law. The Ministry of Home Affairs had provided training and advice to many local officials on the proper drafting of by-laws. Non-Muslims living in Aceh province were not required to wear Muslim attire.

5. **The Chairperson** (Coordinator, Country Task Force) asked how the central Government ensured that local bodies, such as schools, did not require non-Muslims to wear Muslim attire.

6. **Mr. Arif** (Indonesia) said that the central Government conducted regular monitoring and oversight of local governments and worked in cooperation with local communities in that regard.

7. **Ms. Khazova** asked who was able to initiate proceedings to prove the paternity of children born out of wedlock and what proportion of such children held birth certificates that included their father's name.

8. **Mr. Arif** (Indonesia) said that the mother could initiate such proceedings, as could the children themselves once they came of age. Paternity issues could be resolved through DNA testing and did not necessarily have to involve court proceedings. The Government was in the process of collecting data on such cases.

9. **Ms. Ratnawilis** (Indonesia) said that the government of West Sumatra had taken measures to expedite the implementation of the new law on birth certificates, including through television broadcasts and circulars. When a child was born in hospital, a local official was called to the hospital to issue the birth certificate. Birth certificates for children born out of wedlock included only the mother's name.

10. **Ms. Danti** (Indonesia) said that the percentage of children holding a birth certificate had increased to 72 per cent in 2013 as a result of cooperation among a number of ministries.

11. **Ms. Harkrisnowo** (Indonesia) said that, pursuant to Act No. 12 of 2006 on Indonesian citizenship, children born to Indonesian mothers were granted citizenship even if the father was a foreigner or a stateless person, thereby ensuring that no child born to an Indonesian parent would be stateless.

12. **The Chairperson** asked what provisions were in place for foreign parents who were unable to pass on their nationality to their children born in Indonesia.

13. **Ms. Harkrisnowo** (Indonesia) said that Act No. 12 of 2006 provided that Indonesian citizenship should be granted to children born in Indonesia to stateless persons or persons of unknown identity or unknown citizenship.

14. **Ms. Gumelar** (Indonesia) said that her Government would look into reports of high rates of violence against children in East Nusa Tenggara province.

15. **Ms. Avanti** (Indonesia) asked the Committee to indicate the source of those reports. The Indonesian Child Protection Commission collected data on various problems affecting children based on individual complaints, its own investigations and monitoring and information from partner organizations. The number of cases of sexual abuse and violence against children had increased from some 2,200 in 2011 to some 4,200 in 2013. Central and local governments had taken proactive measures and had developed various mechanisms to resolve those cases.

16. **Ms. Ritola** (Indonesia) said that 30 per cent of child victims of sexual violence in the Special Capital Region of Jakarta were boys, while 70 per cent were girls. The local government had introduced various measures to raise awareness of the issue, including through comic books provided to children in schools, and had allocated approximately 1 trillion rupiah to efforts to protect children. Pilot projects were being conducted in which men, who had formerly been viewed only as perpetrators of sexual violence, were now actively involved in preventing such violence.

17. **Ms. Gumelar** (Indonesia) said that integrated service units had been established in approximately 250 districts and municipalities to deal with complaints of violence against children.

18. **Mr. Akhlus** (Indonesia) said that Act No. 20 of 2003 on the national education system set out six principles, including non-discrimination and human rights, that served as the basis for all school regulations in Indonesia. Corporal punishment was unequivocally incompatible with those principles. In response to a question from Ms. Aldoseri, he said that the law did not explicitly prohibit corporal punishment.

19. **The Chairperson** said that the aforementioned principles were insufficient and that national law must leave no room for misinterpretation with regard to corporal punishment.

20. **Mr. Akhlus** (Indonesia) said that violence in schools was dealt with by the police and the justice system.

21. **Ms. Gumelar** (Indonesia) said that any case of violence or sexual violence in schools would be covered by Act No. 23 of 2004 on the elimination of domestic violence, which prescribed penalties for such offences.

22. **Ms. Soepardi** (Indonesia) said that children with disabilities were ensured access to basic health services, including reproductive health services, while their parents were provided with counselling services in hospitals. Immunizations and dietary supplements such as iodine were provided free of charge to children throughout the country. Early detection facilities were available in hospitals to screen for conditions such as congenital hypothyroidism. According to estimated data based on demographic health surveys, maternal and infant mortality rates remained unchanged. However, those estimates were inaccurate; Indonesia had in fact achieved the Millennium Development Goal target relating to infant mortality, while maternal mortality was decreasing by 3.5 per cent annually.

23. Immunization was provided to prevent various diseases such as tuberculosis and diphtheria, and the Government was taking steps to introduce two new vaccines to prevent diarrhoea and pneumonia. Efforts were also being made to improve the quality and quantity of health-care staff in remote parts of the country. The budget allocated for child health

services was 64.7 billion rupiah, which represented a significant increase in comparison with previous years.

24. A national programme had been in place since 1990 to promote exclusive breastfeeding during the first six months of life, and a regulation adopted in 2012 required central and local governments to develop breastfeeding programmes. Another regulation adopted in 2013 ensured that working women had access to rooms where they could pump breast milk. The data on maternal and infant mortality was useful only for noting trends and was not reliable when disaggregated by geographic locality.

25. **The Chairperson** asked why there were such wide disparities in mortality rates among different regions and what the Government was doing to close those gaps.

26. **Ms. Soepardi** (Indonesia) said that the disparities were due to the unequal distribution of health-care staff in the country, and that the Government was working to address the issue. It also regulated the activities of companies that sold breast milk substitutes. Financing for HIV programmes continued to increase from year to year, and the Government had set a target of reaching 80 per cent of key population groups under the National HIV and AIDS Strategy and Action Plan 2010–2014 by the end of that period. Prevention programmes focused in particular on mother-to-child transmission and the distribution of sterile syringes. Local health centres were required to provide health care to children living in prison with their mothers.

27. **The Chairperson** asked what other services were provided to improve the lives of those children and to ensure that they received the necessary care. She also wished to know whether health-care staff could be ordered to serve in remote parts of the country, or whether they were simply encouraged to do so by means of incentives such as increased wages.

28. **Ms. Soepardi** (Indonesia) said that central government funding was used to send senior resident doctors to remote areas. Local doctors also received specialized training in larger cities, provided that they return to their home region to practise medicine once they had completed their studies.

29. **Ms. Gumelar** (Indonesia) said that students of midwifery were also sent to remote areas under a ministerial programme organized in conjunction with the national association of midwives.

30. **Ms. Soepardi** (Indonesia) said that a Ministry of Health regulation had strengthened national guidelines for adolescent health. In schools, peer groups of students trained to assist with the work of adolescent health-care centres had been set up. A website targeting adolescents had also been established, which included a forum in which issues such as reproductive health and narcotics could be discussed.

31. The Government had made efforts to prevent drug abuse, especially by adolescents. The National Narcotics Agency, created by presidential decree in 2002, coordinated the work of the ministries and institutions involved in the formulation and implementation of policy in that area. The Agency, with the Ministry of Health, was reviewing a number of new, synthetic narcotic substances available on the street, a mere 29 of which were currently regulated in his country.

32. Regarding sanitation and environmental health, the Government had implemented a "healthy village" policy. Partly as a result, the percentage of village households with access to adequate sanitation had increased more than threefold from 2010 to 2012.

33. **Ms. Muhamad Shariff** (Country Task Force) asked whether girls who were victims of rape could obtain access to reproductive health services without discrimination and without being stigmatized.

34. **Ms. Hanita** (Indonesia) said that all girls who were victims of rape or other forms of sexual violence were entitled to free health care in hospitals throughout Indonesia. The Ministry of Health had trained doctors to identify victims of sexual violence. Centres were being set up in hospitals to provide victims with appropriate physical and psychological care.

35. **The Chairperson** asked whether all rape victims would be comfortable visiting such centres, in view of the stigma attached to rape. Was the counselling provided to victims confidential?

36. **Ms. Hanita** (Indonesia) said that her Government had established minimum standards of care for women and children who were victims of violence, including sexual violence, in 2010. All victims were provided with counselling and were accompanied to hospital and, also, to court.

37. **Ms. Gumelar** (Indonesia) said that her Government encouraged healing for victims not only through the legal system but also through the guidance provided by other agencies or institutions, including community religious figures.

38. **Ms. Soepardi** (Indonesia) said that Indonesia supported efforts to eliminate violence against women and girls, including genital mutilation. A ministerial regulation of 2010 aimed at health personnel had stated that the procedure required informed consent. The regulation had been criticized by NGOs and religious groups and had, consequently, been revoked. It had been replaced in 2014 by a regulation that explicitly prohibited female genital mutilation. Some segments of the community, however, continued to practise female genital mutilation for religious reasons.

39. **The Chairperson** wished to know whether the explicit prohibition of female genital mutilation included the practice described in the 2010 regulation as "female circumcision", which was identified as "scratching", as distinct from "cutting".

40. **Ms. Soepardi** (Indonesia) said that that practice was included but that an advocacy board was being consulted as the issue related to religious affairs.

41. **The Chairperson** asked whether advocacy work to discourage the practice was conducted together with community leaders or local organizations.

42. **Ms. Aldoseri** (Country Task Force) asked whether the prohibition of female genital mutilation in hospitals meant that it would be performed illegally by local practitioners.

43. **Mr. Mezmur** said that according to reports, hospitals offered "birth packages" including cutting, ear piercing and vaccinations. How closely were such practices monitored in hospitals? Indeed, how closely were they monitored in schools, where, according to reports, mass mutilations had taken place? In connection with HIV/AIDS, he asked the delegation for information on prevention measures and measures to limit mother-to-child transmission. Drawing attention to the fact that the population of Papua and West Papua represented a mere 1.5 per cent of the total population but had accounted for 15 per cent of all new HIV cases in 2011, he asked what was being done to address regional disparities.

44. **Ms. Gumelar** (Indonesia) asked whether the reports of mass mutilation had specified the school concerned. Such packages were not, to her knowledge, offered by schools or hospitals. However, she would endeavour to follow the matter up.

45. **Ms. Aldoseri** asked whether female genital mutilation was in fact prohibited by law and whether practitioners would actually be held liable.

46. **Ms. Gumelar** (Indonesia) said that the ministerial regulation had only recently been revoked and that there had never been a law on female genital mutilation in Indonesia.

47. **Ms. Soepardi** (Indonesia) said that pregnant women were screened in order to prevent mother-to-child transmission of HIV. In Papua, screening was mandatory.

48. **The Chairperson** said that she understood that the regulation legitimizing female genital mutilation had been revoked; however, she wished to know whether female genital mutilation was explicitly prohibited.

49. **Ms. Gumelar** (Indonesia) said that no such prohibition was in place.

50. **Ms. Johar** (Indonesia) said, in connection with the children's hotline, that the service had fielded calls from 12,000 children in 2012, of whom some 6,000 had lodged complaints.

51. **Ms. Hernawati** (Indonesia) said, with respect to the family environment, that her Government provided assistance to families with pregnant mothers and with children who were still in school in order to encourage family resilience. Some 15 million students from poor families were also awarded scholarships, thus eliminating barriers to access to education. Mothers were given practical advice on childcare, nutrition and access to health care.

52. **Ms. Gumelar** (Indonesia) said that women's organizations devoted to the promotion of family welfare were strong in Indonesia and were encouraged by her Government.

53. **Ms. Johar** (Indonesia) said that there had been a paradigm shift in Indonesia in the past five years in connection with the provision of care for children. Orphanages were no longer the first resort and placements in family homes were preferred. Her Government had set minimum standards of care for children and sought to involve families to a greater extent. In addition, it had instituted a welfare programme under which cash transfers were made available directly to the children concerned. In connection with adoption, she said that while the national legislation did not make specific reference to illegal adoption, it did provide that adoption had to be in the best interest of the child. Clearly, illegal adoption was not in the child's best interest. Adoptions within extended families were an important issue, as they were not always registered with the relevant authorities and would therefore be considered illegal.

54. **The Chairperson** asked what progress had been made in the adoption measures mentioned in the report. Had mechanisms for adoption been improved? Had families that had adopted children by traditional means been made aware of the importance of formalizing the procedure? Had a monitoring system to prevent trafficking and illegal adoption been developed?

55. **Ms. Johar** (Indonesia) said that legal requirements for adoption had been put in place. Adoptive families were required to provide reports to social institutions, and adoptions had to be registered.

56. **The Chairperson**, welcoming the shift from institutional to family care for children, asked for further information on the help provided to children placed in families. Was a system of foster care being developed? Did community workers visit families to teach them how to raise their children, or was the aid mostly financial?

57. **Ms. Johar** (Indonesia) said that family reunification took place in stages, the first of which involved the provision of training to orphanage employees on the reintroduction of children to their families. Various policies sought to encourage the paradigm shift whereby family care had become the first and institutional care the last resort. In that context, assistance previously allocated to orphanages was made available to families. Some 175,000 children received direct help to return to their families.

The meeting was suspended at 4.35 p.m. and resumed at 4.50 p.m.

58. **Mr. Yusup** (Indonesia) said that refugees and asylum seekers, including children, were guaranteed basic rights as soon as they set foot in Indonesia. Families with children were given preferred access to shelters outside immigration detention centres. Children seeking asylum and refugee children were also provided with access to education, counselling and recreation. In addition, his Government facilitated the provision of third-party services — such as recreational activities or courses — in immigration detention centres.

59. A presidential regulation on refugees and asylum seekers was being drafted, as were operational procedures for coordinating work with refugee children. In addition, his Government, with the Office of the United Nations High Commissioner for Refugees (UNHCR) and the International Organization for Migration, facilitated the issuance of birth certificates for the children of refugees and asylum seekers. Indonesia had yet to ratify the Convention relating to the Status of Refugees and the Convention relating to the Status of Stateless Persons, but in practice the Government respected the principles contained in those conventions. Non-refoulement was standard practice.

60. Irregular migration was the main issue that Indonesia wished to draw to the attention of the international community. With other Asia-Pacific countries, it had initiated the Bali Process on People Smuggling, Trafficking in Persons and Related Transnational Crime in 2002 and consistently underscored the need for sending, transit and receiving countries to address the problem of irregular migration jointly.

61. **Mr. Cardona Llorens** expressed concern that because Indonesia had not ratified the Convention relating to the Status of Refugees and because the national legislation did not provide for refugee status, many unaccompanied minors who might otherwise have been granted refugee status could be treated as irregular migrants. He also requested further information about conditions in immigration detention centres. Did all children in such centres remain with their families? Were unaccompanied children detained with non-family members?

62. **Mr. Yusup** (Indonesia) said that although Indonesia had not ratified the Convention, his Government's close cooperation with UNHCR made it possible to address the problem. He also emphasized that Indonesia, as a transit country, worked closely with sending and receiving countries.

63. **Ms. Roostiawati** (Indonesia) said, in connection with child labour, that a relevant regulatory framework for removing children from employment was in place in Indonesia, which had ratified the International Labour Organization (ILO) Worst Forms of Child Labour Convention, 1999 (No. 182) and the ILO Minimum Age Convention, 1973 (No. 138). More than 2 million children worked in Indonesia, of whom some 48,000 had been removed from work and returned to schools. The Government focused on raising awareness and on creating employment for the parents of such children, and was studying the possibility of ratifying the ILO Domestic Workers Convention, 2011 (No. 189).

64. **Ms. Johar** (Indonesia) said that her Government had launched a programme to assist street children by offering them cash incentives to stop work and return to school. Under that programme, they also had access to counselling services. Additional financial resources had been allocated to various social institutions that worked with street children, and her Government was working with the private sector to roll out programmes to assist them by sponsoring their education and providing them with vocational training.

65. **Mr. Machasin** (Indonesia) said that an initiative to remove children from the streets and to place them in Islamic boarding schools had also been launched.

66. **Ms. Harkrisnowo** (Indonesia) said that the Juvenile Justice System Act was intended to enhance the protection afforded to children in conflict with the law. The age of

criminal responsibility had already been raised from 8 to 12 years and could not be raised further at that time. However, her Government did not rule out the possibility that it might be raised at a future date. The Act, which was due to come into effect later that year, drew on the provisions of the Convention and other international instruments and would entail changes to the system that would affect children in detention, in prison and involved in legal proceedings. Henceforth, children who committed crimes for which they would have normally incurred a penalty of less than 7 years' imprisonment could be dealt with outside the criminal justice system, and only those over the age of 14 years could be deprived of their liberty.

67. Children and adults were typically housed in separate blocks in detention centres. There was a lack of child-only detention centres because they were costly to build. Her Government was aware of the need to avoid placing children and adults in the same detention centres and envisaged building more child-only detention centres to that end. It was important to note that children were only imprisoned as a last resort. Social workers played a key role in rehabilitating and reintegrating children in conflict with the law. Her Government provided police officers, district attorneys and social workers with training on the juvenile justice system and on their responsibilities in dealing with children in conflict with the law. It was expected that the Juvenile Justice System Act of 2012 would greatly improve the situation of children in Indonesia, and her Government would work with civil society to ensure its effective implementation.

68. **The Chairperson** asked whether the State party had taken any steps to address the impact of climate change on children.

69. **Ms. Gumelar** (Indonesia) said that her Government had not yet submitted its reports under the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict and the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography as it was still disseminating those instruments.

70. **Ms. Saptandari** (Indonesia) said that human rights education formed part of civic education in Indonesia. The topics covered included the rights and obligations of children, as well as the role of national human rights institutions. Her Government had developed a national human rights curriculum and had worked with various institutions to develop appropriate learning materials for schools. Moreover, the concept of child protection had been integrated into the national education system and into the training provided to public officials, teachers and health-care workers.

71. Her Government promoted the right of children to engage in play and recreational activities through its child-friendly city policy, under which recreational facilities such as playgrounds and libraries had been made available in a number of districts. Furthermore, a number of cultural centres had been built so that more children could learn about their culture through the arts.

72. In 2009, the Ministry of National Education had laid down regulations to ensure that children with special needs or disabilities had access to inclusive education. Those regulations required every district to have at least one inclusive primary school. Her Government would continue to pursue its policy of inclusive education by devising curricula tailored to the needs of children with disabilities, and by providing teachers with specialized training.

73. **Mr. Akhlus** (Indonesia) said that in accordance with the Indonesian Constitution, some 20 per cent of the State budget was allocated to the education sector. That budgetary allocation covered the cost of providing financial assistance to primary school children from poor backgrounds, and to schools.

74. A high number of children were currently out of school. It was important to distinguish between those who did not attend school because they worked and those who could not attend owing to a lack of teaching staff. Many children of school age worked to help ease the financial burden on their families. His Government's efforts to encourage those children to stop working and to return to school were often opposed by their families, who wished them to continue working so that they could make a financial contribution to the household. In order to remedy that situation, his Government had taken steps to educate parents about the importance of allowing their children to attend school. The main reason for the high dropout rate among children of school age was that they lacked the financial means to continue their education. Therefore, his Government had begun offering those children cash incentives to remain in school. It also provided scholarships to high school graduates who lacked the means to pursue their university studies.

75. **The Chairperson** asked whether the measures taken by the State party had led to a decrease in the number of children who were out of school. Recalling that education in Indonesia was supposed to be free of charge and accessible to all, she asked why some children remained unable to attend school for financial reasons.

76. **Mr. Akhlus** (Indonesia) said that the measures taken by his Government had indeed caused the number of children who were out of school to decrease. In addition, more children could now continue their studies thanks to the financial assistance provided by his Government. Education in Indonesia was free of charge. However, some schools charged fees for learning materials such as books. His Government was taking steps to change that practice.

77. **Ms. Rosalind** (Indonesia) said that some 180 child-friendly districts currently organized recreational activities for children. There was also a children's forum, at the national and provincial levels.

78. **Ms. Danti** (Indonesia) said that government initiatives to address the impact of climate change on children included a campaign to raise children's awareness of climate change through the National Forum for Child Participation, the participation of children in environmental activities, and the development of environmental and natural disaster policies that took into account the rights of the child.

79. **The Chairperson** said it was her understanding that the Convention had only been adopted by presidential decree and that it did not always prevail over domestic laws. She requested clarification on the status of the Convention in the domestic legal order.

80. **Ms. Harkrisnowo** (Indonesia) said that the Convention had been adopted by presidential decree and not by law because the law requiring international human rights instruments to be adopted in that manner had only been enacted in 2004. However, the fact that a number of domestic laws that drew upon the provisions of the Convention had recently been enacted was indicative of its high standing in the domestic legal order.

81. **The Chairperson** commended the State party on the progress it had made in the promotion and protection of children's rights. While the State party had many good intentions, the lack of clear laws in certain areas often prevented it from translating those intentions into practice. The Committee would appreciate the inclusion of more information on religious minorities and on violence against children in the State party's next periodic report. Lastly, she thanked the Indonesian delegation for an interesting and fruitful dialogue.

82. **Ms. Gumelar** (Indonesia) thanked the members of the Committee for the rich and constructive dialogue that had served to highlight her country's achievements as well as its shortcomings in the area of children's rights. Her Government wished to reiterate its

commitment to promoting and protecting children's rights and looked forward to receiving the Committee's concluding observations.

The meeting rose at 6 p.m.